

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Not Named</i>		Town <i>Pomfret</i>		County <i>Bourne</i>		MAYLAND	
Died at <i>Mar Pomfret</i>		Date of death <i>1908</i>		Month <i>Sept</i>	Day <i>3</i>	Age <i>—</i>	Years <i>—</i>
Sex <i>Not Known</i>		Color or Race <i>White</i>		Birth-place <i>Pomfret</i>		Months <i>—</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Fredrick Bourne</i>		Father's Birthplace <i>Wash; D.C.</i>					
Mother's Maiden Name <i>Elin Stone</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Lucia Shorter</i>		How related to deceased <i>Noun</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	How long	<i>—</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Horn in Attendance</i>	
Address <i>Waldock Ind.</i>		Address <i>J. M. Wilkerson</i>	
Accident or Suicide? <i>—</i>		Sub Recd <i>—</i>	



Name
in
Full

Mary Anna Datcher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Perryman</u> Town		<u>Charles</u> County		MARYLAND	
Date of death	1905	Month	Sept	Day	12
Age	Years		Months		Days
Sex	<u>Female</u>		Color or Race	<u>Colored</u>	
Occupation			Birth-place	<u>Perryman</u>	
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Charles Henry Datcher</u>			Father's Birthplace <u>Perryman</u>		
Mother's Maiden Name <u>Maria Adkins</u>			Mother's Birthplace <u>" "</u>		
Name of person giving information <u>Chas. H. Datcher</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

How long

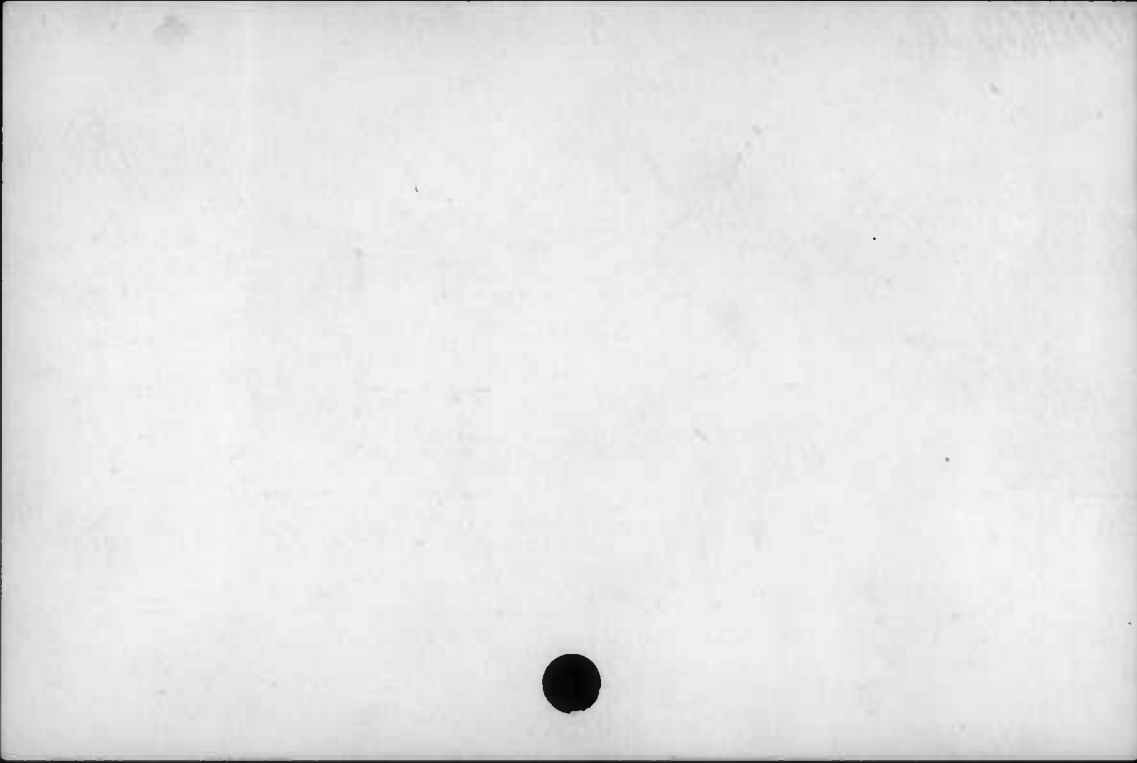
108

How long

4 days

PHYSICIAN
OR CORONER

Primary	<u>Intestinal obstruction</u>	How long	<u>4 days</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J. W. Mitchell</u>	
<u>Yes</u>		Address <u>Perryman</u>	
Accident or Suicide? <u>No</u>			



Name
in
Full

CERTIFICATE OF DEATH

Henry Watson
Town Brookley County Blue

MARYLAND

Died at

Date

1908

Month

Sept

Day

11

Age

Years

54

Months

Days

Sex

Male

Color or
Race

Columbian

Birth-
place

Ind

Occupation

Laborer

Where Residing if not
at place of death

at place of death

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Henry Watson

Father's
Birthplace

Ind

Mother's
Maiden Name

Mary K. Watson

Mother's
Birthplace

Anderson

Name of person giving
In formation

Thos. Thomas

How related
to deceased

None

CAUSES OF DEATH

120

Primary

Bright Disease

How long

3 years

Immediate

Heart Disease

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

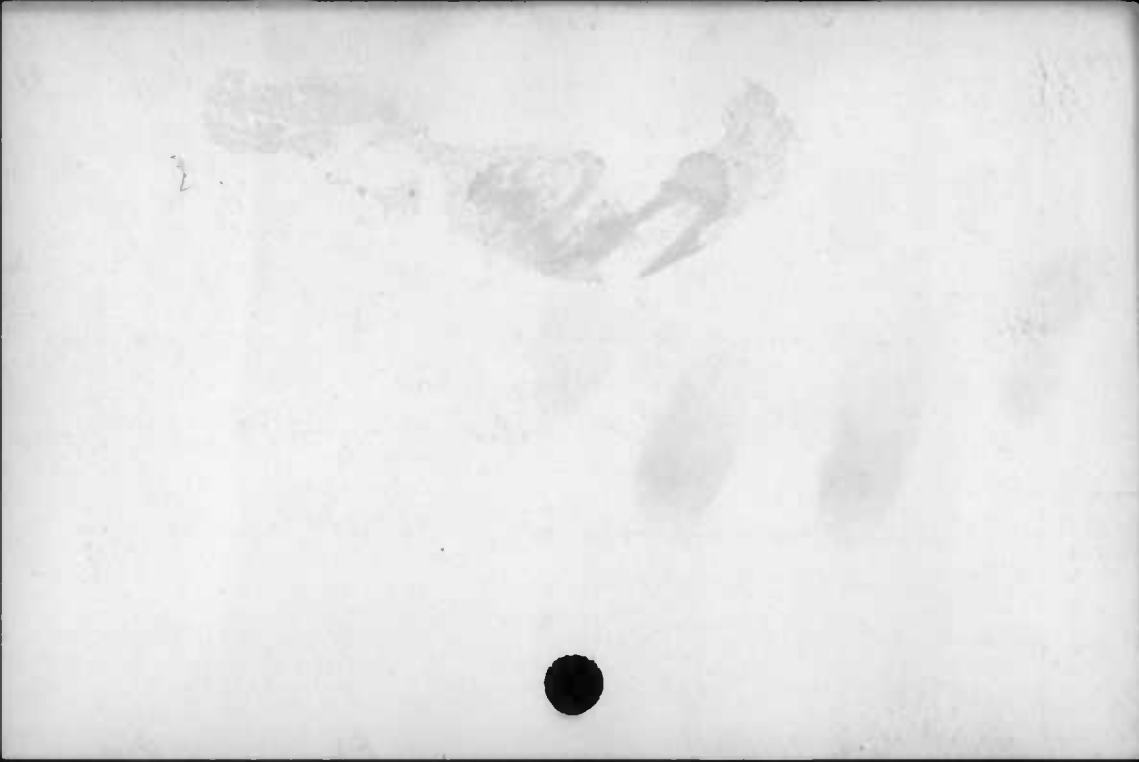
Address

Dr. J. P. Marshall
Sub Reg

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Peter Wood Hawkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

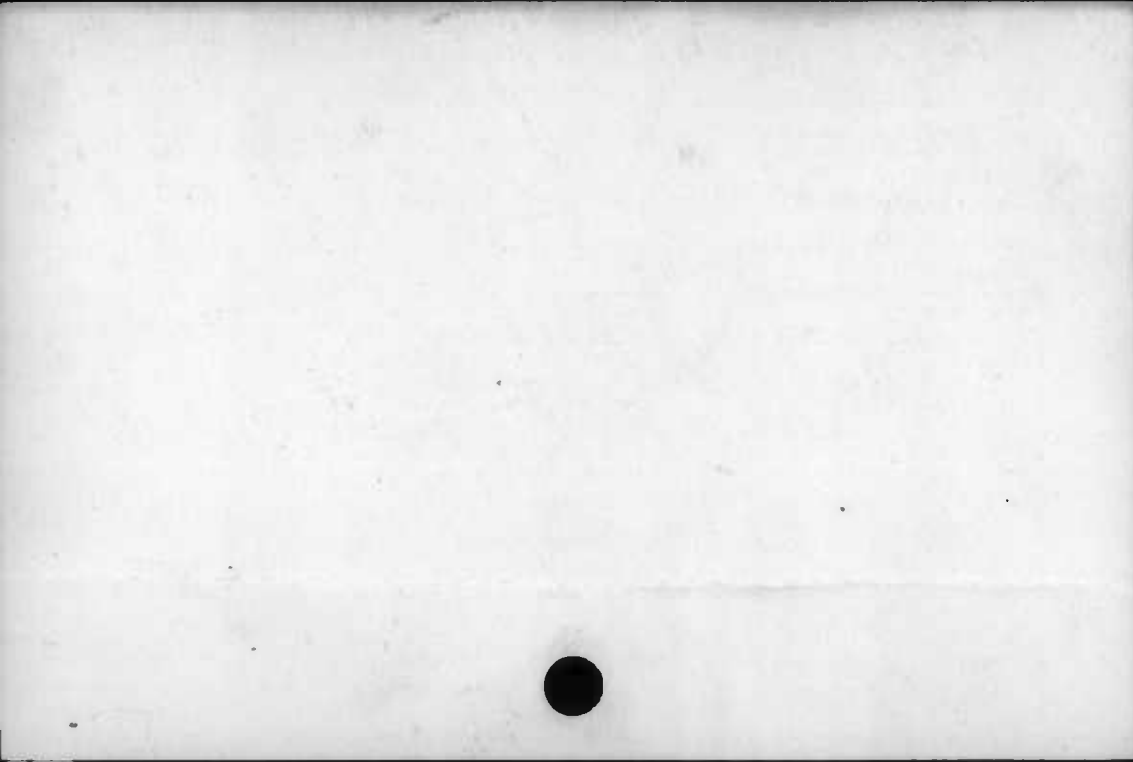
Died at <i>Near La Plata</i>		County <i>Charles</i>		MARYLAND	
Date of death	1908	Month	Sept	Day	17 th
Age	78	Years	8	Months	3
Sex	Male	Color or Race	White	Birth-place	Charles Lee
Occupation	Physician		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Rebecca Morton		
Father's Name	Henry Holland Hawkins			Father's Birthplace	Charles Lee
Mother's Maiden Name	Mary C Wood			Mother's Birthplace	Princeton, Georgia
Name of person giving information	Henry G. Robertson			How related to deceased	Nephew

CAUSES OF DEATH

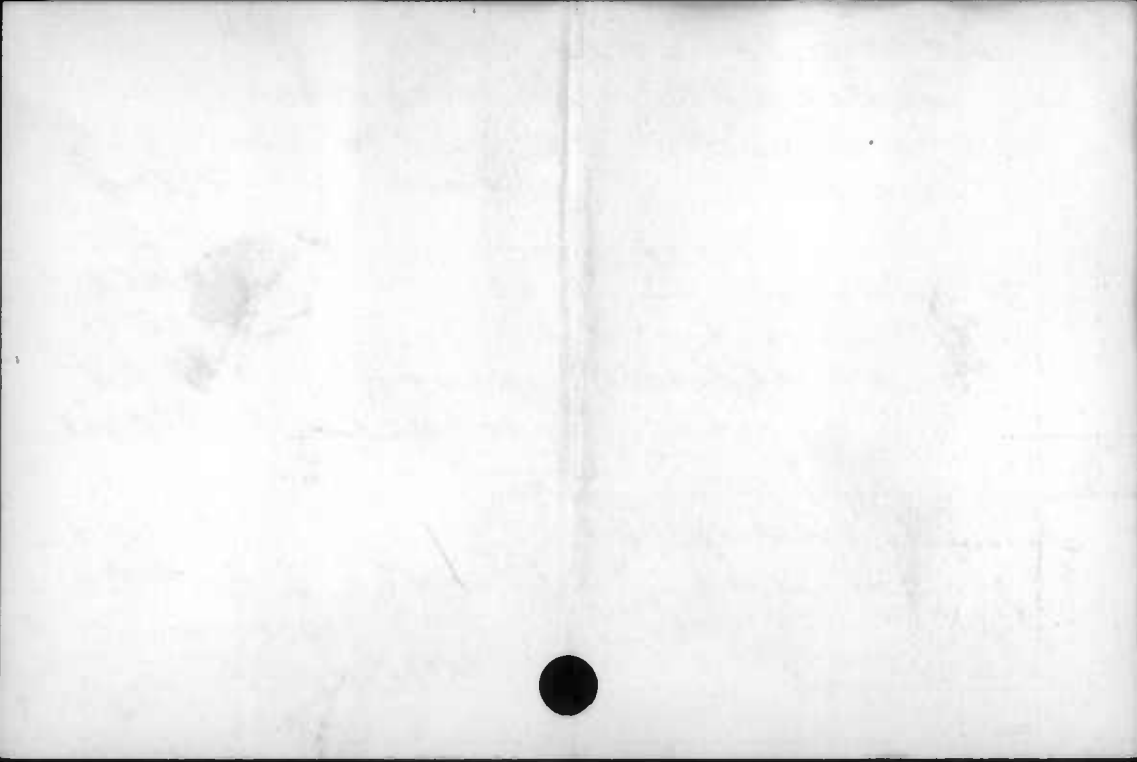
154

PHYSICIAN
OR CORONER

Primary	<i>General debility incident to old age</i>		How long	<i>about 1 yr</i>
Immediate	<i>Cardiac failure</i>		How long	<i>2 - 3 days</i>
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	<i>Thos. S. Owen M.D.</i>
			Address	<i>La Plata</i>
Accident or Suicide?		<i>no</i>		<i>Ind</i>



Name in Full Max Ella Elizabeth Johnson		CERTIFICATE OF DEATH	
Died at La Plata, Charles		MARYLAND	
Date of death 1904 Month Sept Day 27 Age 7 Years Months Days			
Sex Female Color or Race Colored Birth-place Ind			
Occupation None Where Residing if not at place of death			
Married, Single or Widowed Single Name of Wife or Husband			
Father's Name Robert J. Johnson Father's Birthplace Ind.			
Mother's Maiden Name Effie Yates Mother's Birthplace Ind.			
Name of person giving information Robert J. Johnson How related to deceased Father			
CAUSES OF DEATH			
Primary Bronchitis. Pneumonia How long Four weeks			
Immediate Oedema of Lungs How long 3 or 4 days			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician D. L. Harmon	
Yes		Address La Plata	
Accident or Suicide?		Oct 30 Ind	



Name
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CERTIFICATE OF DEATH

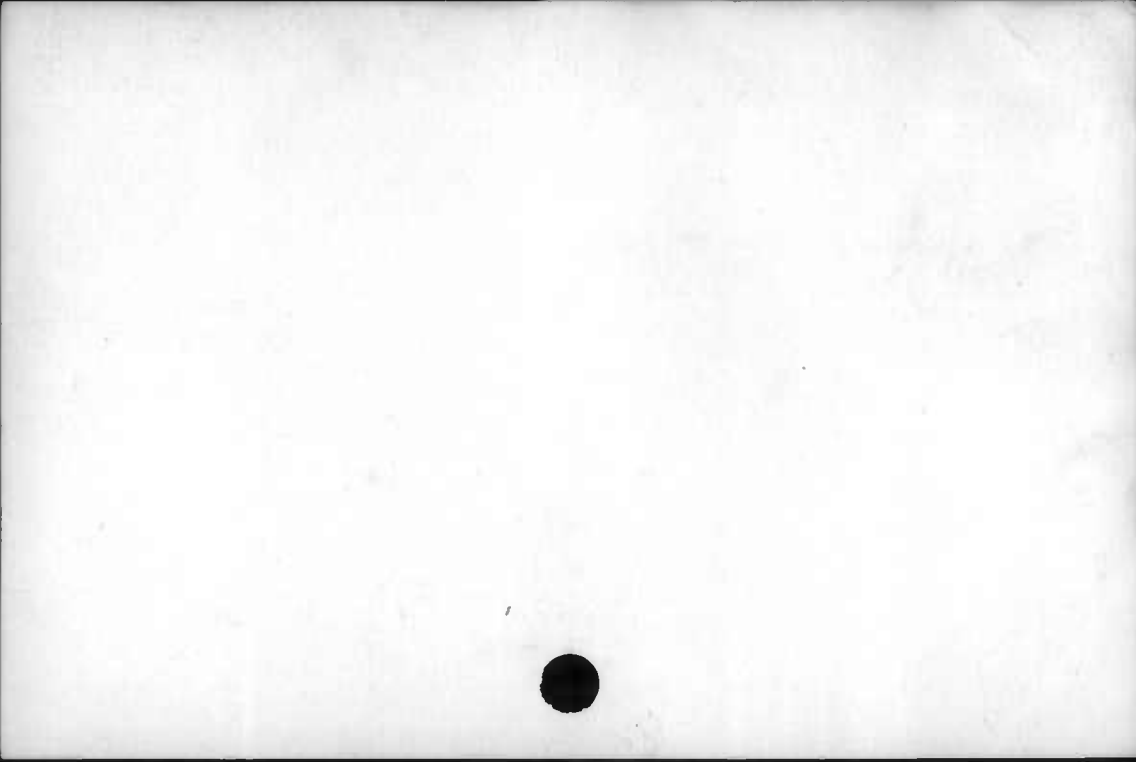
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Sarah Marshall</i>		Town <i>Newport</i>		County <i>Charles</i>		MARYLAND			
Died at		Date of death		Age		Months		Days	
		<i>1908, Sep. 6</i>		<i>43</i>					
Sex <i>Female</i>		Color or Race <i>Negro.</i>		Birthplace <i>Mo.</i>					
Occupation <i></i>				Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>J. W. Marshall</i>							
Father's Name <i>Jack Young</i>		Father's Birthplace <i>Mo.</i>							
Mother's Maiden Name <i>Mabinda Young</i>		Mother's Birthplace <i>Mo.</i>							
Name of person giving information <i>J. W. Marshall</i>		How related to deceased <i>None</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Nephritis</i>		How long <i>3 mo.</i>	
Immediate <i>Heart failure</i>		How long <i>1 hr.</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. E. Jamison M.D.</i>	
		Address <i>Bryantown, Mo.</i>	
Accident or Suicide? <i></i>			



Name
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Lucy Smallwood Mason

CERTIFICATE OF DEATH

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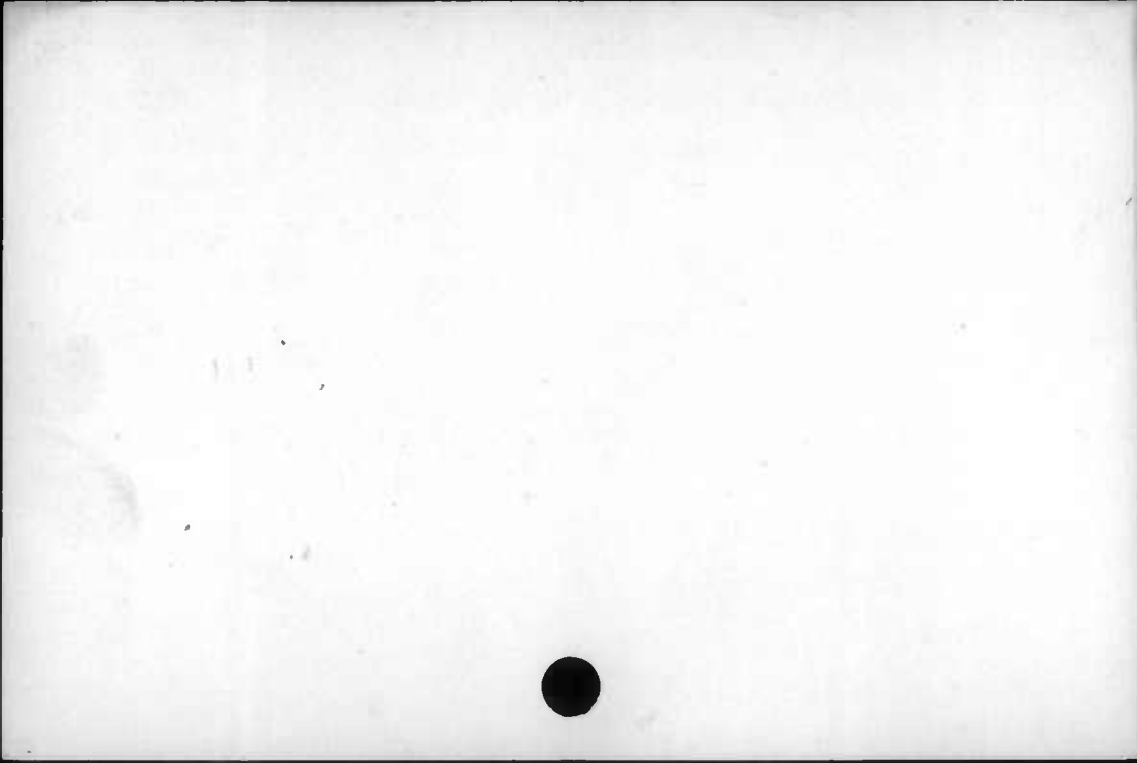
Died at		Town Chickamuxen		County Charles		MARYLAND	
Date of death		1908	Month 9	Day 10	Age 33	Years	Months Days
Sex	Female		Color or Race	Colored		Birth- place	Ind
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband Bernard Smallwood Mason				
Father's Name	James Smallwood				Father's Birthplace Ind		
Mother's Maiden Name	Emiline Night Jones				Mother's Birthplace Ind		
Name of person giving In formation	Frank Smallwood				How related to deceased Brother		

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

Primary	General Anasarca, Oedema of Lungs		How long	Two months
Immediate	Heart Failure Oedema of Lungs		How long	Two weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician D. L. Hume MD	
			Address Lobblato	
Accident or Suicide?			Ind	



Name
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Robert Mathews

CERTIFICATE OF DEATH

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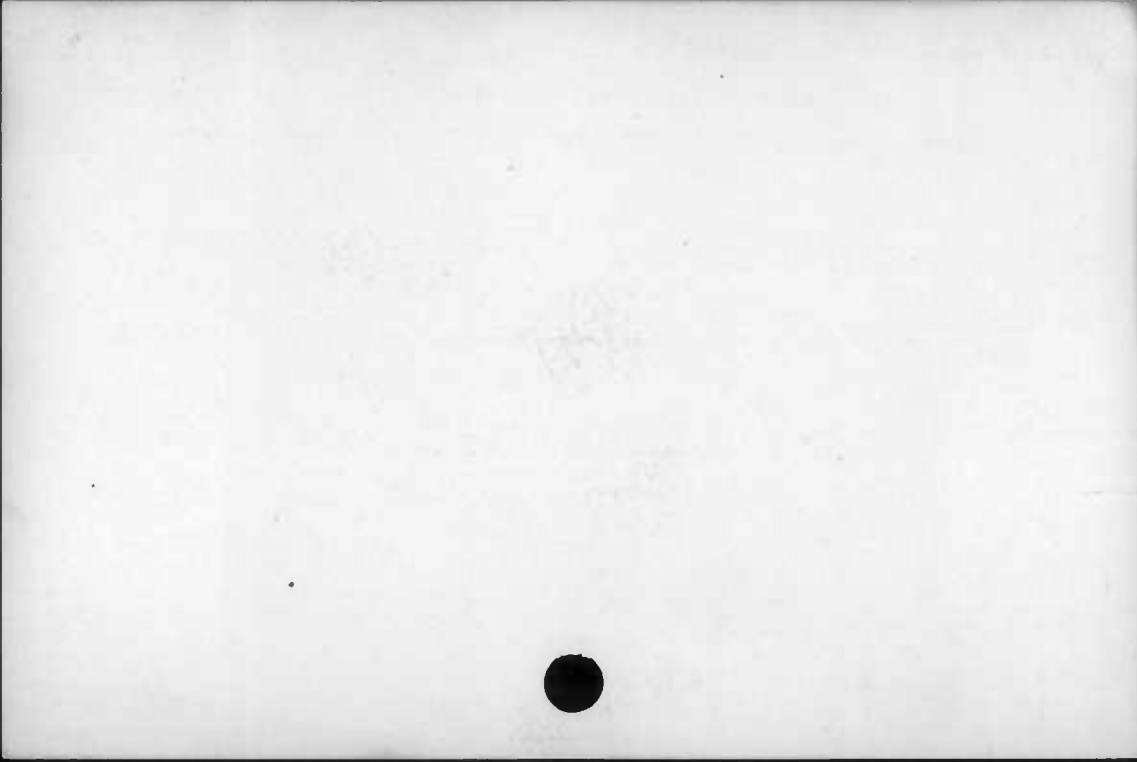
Died at ^{Town} near White Plains		^{County} Charles		MARYLAND	
Date of death	1908	Month	Sept	Day	11
Age	2	Years	3	Months	—
Sex	Male	Color or Race	Colored	Birth-place	Ind
Occupation	none	Where Residing if not at place of death			
Married, Single or Widowed		Single			
Name of Wife or Husband		none			
Father's Name	Frank Mathews			Father's Birthplace	Ind
Mother's Maiden Name	Amelia Bawner			Mother's Birthplace	Ind
Name of person giving information	George Bawner			How related to deceased	Grandfather

CAUSES OF DEATH

60

PHYSICIAN
OR CORONER

Primary	Cerebritis	How long	Short while
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	H. O. Monroe
		Address	Waldorf
			Ind
Accident or Suicide?			



Name
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Roy Millar.

CERTIFICATE OF DEATH

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NEAREST FRIEND

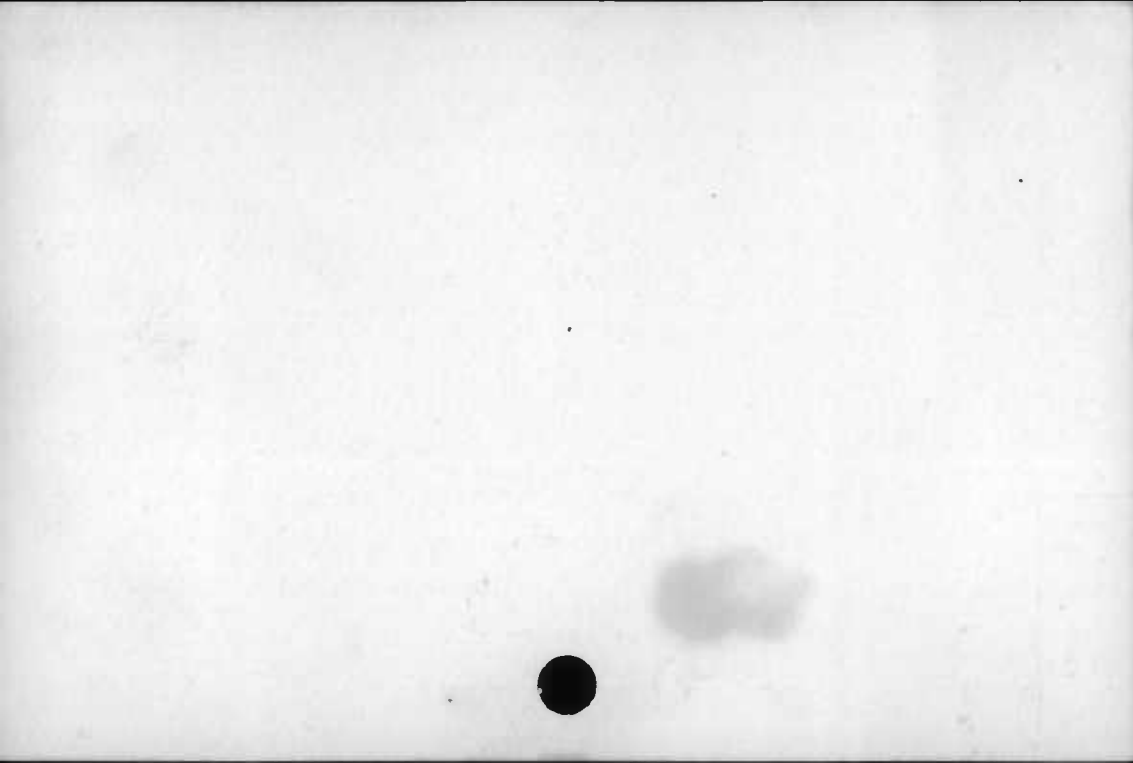
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		Sep.	26	Age 23			
Sex	Male		Color or Race	American		Birth-place	Charles Co. Md.
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Walter M. Millar					Father's Birthplace	Charles Co. Md.
Mother's Maiden Name	Virginia Carpenter					Mother's Birthplace	" "
Name of person giving information	Albert B. Gilroy					How related to deceased	None

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	2 yrs.
Immediate	Pulmonary Hemorrhage	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Geo. C. Bicknell
		Address	Pisgah Md.
Accident or Suicide?			



Name
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CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIENDName *Sarah J. Mullen Brown* Town *Essex* County *Charles*Died at *Essex* Date of death *1908* Month *9* Day *1* Age *Don't know* Years *Don't know* Months *Don't know* Days *Don't know*Sex *Female* Color or Race *White* Birth-place *Maryland*Occupation *Housewife* Where Residing if not at place of death *Don't know*Married, Single or Widowed *Single* Name of Wife or Husband *Mr. J. Mullen Brown*Father's Name *Don't know* Father's Birthplace *Don't know*Mother's Maiden Name *Don't know* Mother's Birthplace *Don't know*Name of person giving In formation *W. G. Treale* How related to deceased *No relation*

CAUSES OF DEATH

79

Primary *Heart trouble* How long *8 or 10 mrs.*Immediate *Don't know* How long *Don't know*
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. R. Higdon*
Address *Mayside Ind.*

Accident or Suicide?



Name
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Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

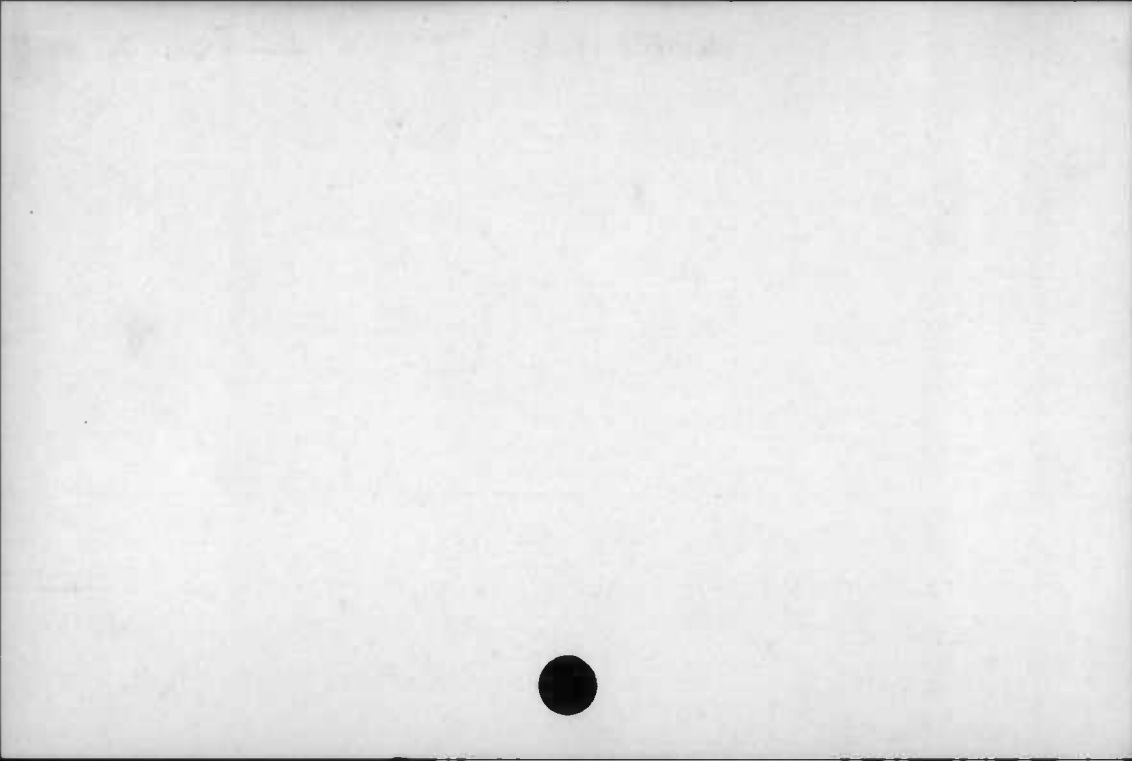
Died at <i>Dorchester</i> ^{Town}		<i>Charles</i> ^{County}			
Date of death	<i>1908</i> ^{Month} <i>Sep</i> ^{Day} <i>18</i> ^{Years}	Age	<i>4</i> ^{Months}	<i>7</i> ^{Days}	
Sex	<i>Male</i>	Color or Race	<i>Black</i>	Birth-place	<i>Ind</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	<i>Joseph Penny</i>			Father's Birthplace	<i>Ind</i>
Mother's Maiden Name	<i>Francis Penny</i>			Mother's Birthplace	<i>Ind</i>
Name of person giving information	<i>Benjamin Thomas</i>			How related to deceased	<i>Brother</i>

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>Stomach Trouble</i>	How long	<i>a few 8 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>B. Smith M.D.</i>
		Address	<i>Dorchester Ind.</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Hugh Bernard Proby</i>		Town <i>Ben Lick</i>		County <i>Cherokee</i>		MARYLAND	
Died <i>Ben Lick</i>		Date of death <i>1908 Sept 20</i>		Age <i>36</i>		Months <i>—</i> Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Cherokee Co Tenn</i>			
Occupation <i>Car Conductor</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Orrie Harrison</i>					
Father's Name <i>Hugh Walter Proby</i>		Father's Birthplace <i>Cherokee Co Tenn</i>					
Mother's Maiden Name <i>Mary U. Hancock</i>		Mother's Birthplace <i>Cherokee Co Tenn</i>					
Name of person giving information <i>P. H. Proby</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Heuryspligica</i>	How long <i>4 years —</i>
Immediate <i>Urannia</i>	How long <i>Three days —</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yr.</i>	Signature of Physician <i>J. W. Hutchins</i>
	Address <i>Pennocky Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Harry J Sidelers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Pizgan</i> ^{Town}		<i>Charles</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	<i>Sept.</i> ^{Month}	<i>6</i> ^{Day}	Age <i>—</i> ^{Years}	<i>1</i> ^{Months}	<i>4</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Pizgan Chas co Md</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>			
Father's Name <i>George W Sidelers</i>			Father's Birthplace <i>Chas co. Md.</i>		
Mother's Maiden Name <i>Sarah J Johnson</i>			Mother's Birthplace <i>Chas co. Md.</i>		
Name of person giving information <i>George W Sidelers</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>Unknown</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Chas J Carpenter</i> ^{Sept. 11}
<i>No Physician in attendance</i>		Address <i>Pizgan Chas co Md.</i>
Accident or Suicide?		



Name
in
Full

Lucie E Smallwood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Pison</i>		Town <i>Chas.</i>		County		MARYLAND	
Date of death	<i>1908</i>	Month <i>Sept</i>	Day <i>16</i>	Age	Years <i>—</i>	Months <i>1</i>	Days <i>3</i>
Sex <i>Female</i>	Color or Race <i>collord</i>		Birth-place <i>Chas co Md</i>				
Occupation <i>none</i>	Where Residing if not at place of death <i>—</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>						
Father's Name <i>Bernard Smallwood</i>	Father's Birthplace <i>Chas co Md.</i>						
Mother's Maiden Name <i>Lucie Smallwood</i>	Mother's Birthplace <i>Chas co Md</i>						
Name of person giving information <i>Bernard Smallwood</i>	How related to deceased <i>Father</i>						

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>Unknown</i>	How long	<i>Unknown</i>
Immediate	<i>Unknown</i>	How long	<i>Unknown</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>none in attendance</i>		
<i>Chas D Carpenter</i>	Address <i>Pisgah Md</i>		
Accident or Suicide? <i>Sub-Reg-2nd district Chas co.</i>			

